Ai Oi	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Dr. Monica Wehby for U.S. Senate		
_	Full Name (Last, First, Middle Initial)		
Α.	Richard Bernstein		Date of Bessier
А.	Mailing Address		Date of Receipt
	1551 Forum Place Suite 300A		09 22 2014
	City	State Zip Code	
	West Palm Beach, FL 33401	•	
	FEC ID number of contributing	C	Amount of Each Receipt this Period
	federal political committee.		
	Name of Employer	Occupation	500.00
	Richard S Bernstein &	Insurance Agent	
	Associates Inc Receipt For: G2014	5	
		Election Cycle-to-Date	
	Other (specify)	500.00	
	Full Name (Last, First, Middle Initial)		
В.	Leslie Emery		Date of Receipt
	Mailing Address		
	750 SW 83rd Ave		09 22 2014
	City	State Zip Code	
	Portland, OR 97225		
	FEC ID number of contributing		
	federal political committee.		Amount of Each Receipt this Period
	Name of Employer	Occupation	1,000.00
	N.A.	Retired	
	Receipt For: G2014	Election Cycle-to-Date	
	Primary X General		
	Other (specify)	1,500.00	
	•		
	Full Name (Last, First, Middle Initial)		
	Rance Kastor	,	Date of Receipt
C.	Mailing Address		<u> </u>
	12501 SW Powell Butte		M M / D / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	
	Bend, OR 97753	'	
	FEC ID number of contributing		
	federal political committee.		Amount of Each Receipt this Period
	reactal political committee.		Amount of Each Receipt this Ferrod
	Name of Employer	Occupation	500.00
	Self Employed	Rancher	
	Receipt For: G2014	Floring Cools to Date	
	Primary & General	Election Cycle-to-Date	
	Other (specify)	500.00	
	Calci (Specing)	500.00	
_			
Ls	UBTOTAL of Receipts This Page (optional)	2,000.00	
Г			
Lτ	OTAL This Period (last page this line number a	ontv)	N n n n n 100 n n 100 N

Use separate schedule(s)

for each category of the Detailed Summary Page PAGE 357 OF 466

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FOR LINE NUMBER:

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(check only one)

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SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS